

# MASTER PLUMBER

# ARKANSAS DEPARTMENT OF HEALTH

PLUMBING & NATURAL GAS SECTION
4815 WEST MARKHAM STREET, SLOT # 24
LITTLE ROCK, ARKANSAS 72205-3867
PHONE (501) 661-2642 • FAX (501) 661-2671

FOR OFFICE USE		
REC'D FORM DATE		
BY		
EXAM 1 EXAM 2 EXAM 3		
LICENSE#ORG.DATE		

NAME		
Last	First	Middle
SOCIAL SECURITY	D.O.B	
The agency is required to obtain your Social Security N your Social Security Number will not be used by the age		rement. Except for its use in child support enforce
HOME / CELL PHONE	WORK PHONE	
MAILING ADDRESS		
CITY	STATE	
ZIP CODE COUNTY	EMAIL	
COMPANY OR FIRM UNDER WHICH YO	J WILL BE WORKING:	
NAME	LICENSE NUM	BER
JOURNEYMANSHIP:		
Have you held a Journeyman Plumb	er License in Arkansas?	
YES NO		
LICENSE: (ATTACH PHOTOSTATIC COPY (	OF LICENSE TO APPLICATION)	
Are you licensed in any city or state?	PDate of Original Licen	se
Name of Licensing Agency		
Street Address		
City		
Is license active / current?		

### WORK EXPERIENCE AND ADDITIONAL DOCUMENTATION:

- Application will not be considered for approval without submitting the required documentation that will support proof of experience.
- Documentation must accompany the application. DO NOT SEND SEPARATELY.

• Documentation must be at least (5) years' experience in all phases of plumbing. This can be in the form of records, affidavits, bona fide evidence from licensing agencies, or former employers who can attest to the applicant's work background as a plumber. Current Arkansas Journeyman Plumbers need only provide work history for the length of their Journeymanship.

#### • NOTE:

- A registered professional engineer with special expertise in plumbing engineering may provide educational history, documentation, and credentials for consideration by the Committee to obtain master licensing.
- > Special consideration may be given to active duty military service member stationed in the state of Arkansas; or a returning military veteran applying within one (1) year of his/her discharge from active duty; or the spouse of such person.

Candidate Work History / Experience
Candidates Background
Have you ever pled guilty or nolo contendere or been convicted of a crime? YES OR NO (If yes, provide the
date, the state and nature of the offence)
APPLICANT SIGATURE:
The applicant signing this application being duly sworn declared that the foregoing statements are attachments subscribed to by him/her are true to the best of his/her knowledge and that he/sh personally signed this application.
SUBSCRIBED AND SWORN TO BEFORE THISDAY
OFYEAR
SIGNATURE OF NOTARY
SEAL STATE OF
COUNTY OF

# **REQUEST FOR VERIFICATION OF LICENSE**

<u>Use this form to verify licensure from outside Arkansas, if applicable.</u>

<u>Out of state licensing will not be considered by the Committee without the proper completion of this form.</u>

# PART 1 – TO BE COMPETED BY THE APPLICANT

NAME			
Last	First	Middle	
SOCIAL SECURITY	D.O.B		
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
HOME / CELL PHONE	WORK PHONE		
EMAIL			
I am requesting licensure in the state of Arkar I am / have been licensed in your state under	nsas as a		
My license number in your state is / was			
Signature of Applicant		Date	
	*****		
PART 2 – TO BE COMPETED BY THE VERIFYING AGENCY Please furnish the requested information and verify the document.			
Name of Verifying State			
Name of Licensee (as it appears in the Verifying State's records)			
Name of Qualifying Person			
Classification of Licensed Issued			
License Number	License Expirat	ion Date	
Has the licensee been continually licensed sin	ce the date of origina	al license? YESNO	
Is the applicant's license current? YES	NO		
Is the applicant's license in good standing and renewable? YES NO			
Has there been any disciplinary action or is any disciplinary action pending against the license?			

YES NO	
Was the license issued based on examination	on? YES NO
	If YES, please provide the following:
Examination Type	Date(s):
Examination Score	
Code Model Base for the examination (	IPC, IFGC, NPC, etc)
Was Education and / or Work Experience	ce required for licensure? YES NO
SIGNATURE QUALIFYING PERSON	DATE
PRINTED NAME	TITLE
	PHONE NUMBER
(SEAL)	EMAIL
	AGENCY